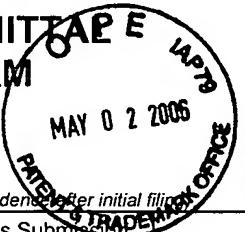


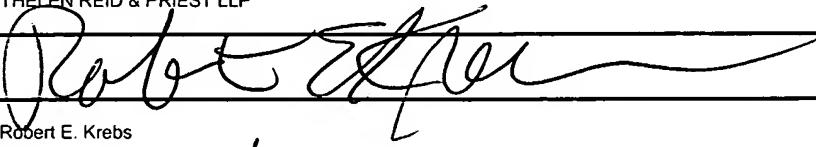
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |                        |                      |                  |
|--|------------------------|----------------------|------------------|
| <b>TRANSMITTAL FORM</b>  |                        | Application Number   | 10/539,928       |
| <br><small>(to be used for all correspondence after initial filing)</small> |                        | Filing Date          | June 16, 2005    |
|  |                        | First Named Inventor | Simon Deleonibus |
|  |                        | Art Unit             | Unassigned       |
|  |                        | Examiner Name        | Unassigned       |
| Total Number of Pages in This Submission   | Attorney Docket Number | 034299-000646        |                  |

**ENCLOSURES (check all that apply)**

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC   |
| <input checked="" type="checkbox"/> Fee by Credit Card                    | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input type="checkbox"/> Amendment / Reply                                | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer                              | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund                               | Response to Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (2 pgs); copy of Notification of Missing Requirements (2 pgs); Declaration & POA (2 pgs); and Exhibit A copy of spec as filed on June 16, 2006 (36 pgs). |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
|   | <input type="checkbox"/> Landscape Table on CD                            |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b>  |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |  |          |        |
|--------------|--|----------|--------|
| Firm         | THELEN REID & PRIEST LLP   |          |        |
| Signature    |  |          |        |
| Printed Name | Robert E. Krebs  |          |        |
| Date         | 28 April 2006  | Reg. No. | 25,885 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |                 |      |           |
|-----------------------|-----------------|------|-----------|
| Signature             | Beatrice Bailey |      |           |
| Typed or printed name | Beatrice Bailey | Date | 4/28/2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |  |                          |                  |
|--|--|--------------------------|------------------|
| <p style="text-align: center;"><b>Effective on 12/08/2004.</b><br/> <i>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p style="text-align: center;"><b>FEES TRANSMITTAL</b><br/> <b>for FY 2005</b></p> <p style="text-align: center;"><i>Applicant claims small entity status. See 37 CFR 1.27</i></p> <p style="text-align: center;"><i>TRADEMARK</i></p> |  | <b>Complete if Known</b> |                  |
|  |  | Application Number       | 10/539,928       |
|  |  | Filing Date              | June 16, 2005    |
|  |  | First Named Inventor     | Simon Deleonibus |
|  |  | Examiner Name            | Unassigned       |
|  |  | Art Unit                 | Unassigned       |
|  |  | Attorney Docket No.      | 034299-000646    |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 130.00)   |  |                          |                  |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_

Deposit Account Deposit Account Number: 50-1698 Deposit Account Name: Thelen Reid & Priest LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                | <u>SEARCH FEES</u> |                | <u>EXAMINATION FEES</u> |                |                       |
|-------------------------|--------------------|----------------|--------------------|----------------|-------------------------|----------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Fee(\$)</u> | <u>Fee(\$)</u>     | <u>Fee(\$)</u> | <u>Fee(\$)</u>          | <u>Fee(\$)</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 300                | 150            | 500                | 250            | 200                     | 100            | _____                 |
| Design                  | 200                | 100            | 100                | 50             | 130                     | 65             | _____                 |
| Plant                   | 200                | 100            | 300                | 150            | 160                     | 80             | _____                 |
| Reissue                 | 300                | 150            | 500                | 250            | 600                     | 300            | _____                 |
| Provisional             | 200                | 100            | 0                  | 0              | 0                       | 0              | _____                 |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**Fee (\$) 50 Fee (\$) 25

Each independent claim over 30 (including Reissues)

200 100

Multiple dependent claims

360 180

Total ClaimsExtra ClaimsFee(\$)Fee Paid (\$)**Multiple Dependent Claims**

10 - 20 or HP= x =

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)

2 - 3 or HP= x =

Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

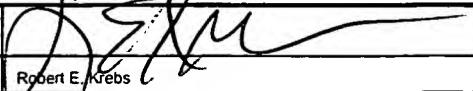
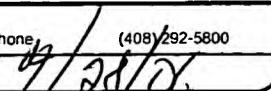
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____               | - 100 = _____       | / 50 = _____ (round up to a whole number)               | x               | = _____              |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : (1051) Oath \$ 130.00**SUBMITTED BY**

|                   |   |   |        |           |                |
|-------------------|---|---|--------|-----------|----------------|
| Signature         |  | Registration No.<br>(Attorney/Agent)  | 25,885 | Telephone | (408) 992-5800 |
| Name (Print/Type) | Robert E. Krebs   |  |        |           |                |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Simon Deleonibus

SERIAL NO.: 10/539,928 CONFIRMATION NO.: 8398

FILING DATE: June 16, 2005

TITLE: MIS Transistor with Self-Aligned Gate and Method for Making Same

EXAMINER: Unassigned

ART UNIT: Unassigned

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP: MISSING PARTS, Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date printed below:

Date: 4/28/2006Name: Beatrice Bailey

Beatrice Bailey

**MAIL STOP MISSING PARTS****Commissioner for Patents****P.O. Box 1450****Alexandria, VA 22313-1450**

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C.**  
**371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE**

Responsive to the Notice to File Missing Parts dated **March 1, 2006**, please find the following:

1. Enclosed is our credit card payment form in the amount of **\$130.00** for assignee as a large entity calculated as follows:

|                                  |                  |
|----------------------------------|------------------|
| <u>Surcharge – Fee Code 1051</u> | <u>\$ 130.00</u> |
|----------------------------------|------------------|

05/09/2006 MKAYPAGH 00000181 10539928

|            |                  |
|------------|------------------|
| 01 FC:1617 | Total            |
| 130.00 0P  | <u>\$ 130.00</u> |

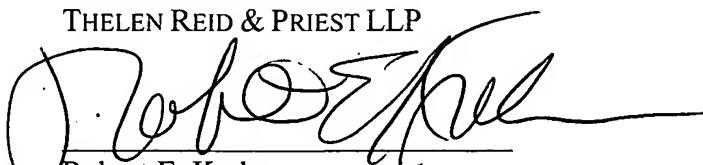
  2. Copy of Notification of Missing Requirements Under 35 U.S.C 371
  3. Executed Declaration, Power of Attorney and Petition
  4. Exhibit A, copy of Specification as filed on June 16, 2005

Applicant does not believe that additional claim fees of \$360.00 are due for multiple dependent claims. A copy of the specification as filed on June 16, 2005 is enclosed as Exhibit A. Please note that Applicant paid for 2 independent claims and 8 dependent claims. There are no multiple dependent claims in the specification as filed on June 16, 2005. Please see the table enclosed for a breakdown of the claims and fees for the above application.

| As filed                        | Independent claims | Dependent Claims           | Multiple Dependent Claims | Total Claims | Fees  |
|---------------------------------|--------------------|----------------------------|---------------------------|--------------|---|
| Application filed June 16, 2005 | 2<br>(claims 1, 8) | 8<br>(Claims 2-7 and 9-10) | 0                         | 10           | No fees due for additional claims in excess of 20. No fees due for additional independent claims in excess of 3 |

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 50-1698.

Respectfully submitted,  
THELEN REID & PRIEST LLP



Robert E. Krebs  
Reg. No. 25,885

Dated: April 28, 2006

THELEN REID & PRIEST LLP  
P.O. Box 640640  
San Jose, CA 95164-0640  
Telephone: (408) 292-5800  
Fax: (408) 287-8040



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

|                             |                       |                                     |
|-----------------------------|-----------------------|-------------------------------------|
| U.S. APPLICATION NUMBER NO. | FIRST NAMED APPLICANT | ATTY. DOCKET NO.                    |
| 10/539,928                  | Simon Deleonibus      | 034299-646                          |
| <b>RECEIVED</b>             |                       | INTERNATIONAL APPLICATION NO.       |
|                             |                       | PCT/FR03/50173                      |
| MAR 07 2006                 |                       | I.A. FILING DATE      PRIORITY DATE |
| THELEN REID & PRIEST LLP    |                       | 12/15/2003      12/16/2002          |

Thelen Reid & Priest  
 PO Box 640640  
 San Jose, CA 95164-0640

CONFIRMATION NO. 8398  
 371 FORMALITIES LETTER



\*OC000000018157706\*

MP Due 5/1/06

Date Mailed: 03/01/2006

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 06/16/2005
- English Translation of the IA filed on 06/16/2005
- Copy of the International Search Report filed on 06/16/2005
- Copy of IPE Report filed on 06/16/2005
- Preliminary Amendments filed on 06/16/2005
- Information Disclosure Statements filed on 12/05/2005
- U.S. Basic National Fees filed on 06/16/2005
- Assignment filed on 06/16/2005
- Priority Documents filed on 06/16/2005

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of \$360 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.
- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

CPI \_\_\_\_\_  
 DO Date \_\_\_\_\_  
 MAR 9 2006  
 Excl \_\_\_\_\_  
 Dated \_\_\_\_\_

**SUMMARY OF FEES DUE:**

Total additional fees required for this application is **\$490** for a Large Entity:

- **\$130** Surcharge.
- Total additional claim fee(s) for this application is **\$ 360**
  - **\$360** for multiple dependent claim surcharge.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

DARRELL C COTTMAN

---

Telephone: (703) 308-9140 EXT 203

**PART 1 - ATTORNEY/APPLICANT COPY**

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| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/539,928                  | PCT/FR03/50173                | 034299-646       |

FORM PCT/DO/EO/905 (371 Formalities Notice)